

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD			STREET ADDRESS, CITY, STATE, ZIP CODE 710 TOWN BRANCH RD GRAHAM, NC 27253		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a client had the right to a legal guardian. This affected 1 of 3 audit clients (#2). The finding is:</p> <p>Review of 8/13/24 of client #2's record revealed he had been admitted to the home on 5/6/24. The client's Individual Program Plan (IPP) dated 5/31/24 indicated the client acted as his own guardian. Additional review of the record indicated the client was 25 years old and had a diagnosis of Profound Intellectual Disability.</p> <p>Review on 8/13/24 of client #2's Psychological Evaluation dated 7/9/24 revealed, "[Client #2's name] Abbreviated IQ of 47...." [Client #2's name] is a 25-year old man who functions in the profound range of disability, both cognitively and adaptively. It is likely that [Client #2's name] will continue to have substantial adaptive deficits requiring staff assistance in all aspects of daily living skills.</p> <p>During an interview on 8/13/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 is his own guardian. The QIDP revealed client #2 does not understand the reasons why he is currently taking medications for anxiety and sleep issues. Further interview revealed client #2's mother has stated she is</p>	W 125			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 125	Continued From page 1 planning to become his guardian, but nothing is in writing.	W 125			
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an initial auditory examination for 1 of 1 newly admitted audit client (#2) was conducted. The finding is: Review on 8/13/24 of client #2's record revealed he had not received an initial auditory examination. Further review revealed client #2 was admitted to the facility on 5/6/24. During an interview on 8/13/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware client #2 needed an initial auditory examination.	W 221			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and	W 249			

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W 249	<p>Continued From page 2</p> <p>interviews, the facility failed to ensure 1 of 3 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The findings are:</p> <p>A. During evening medication administration in the home on 8/13/24 at 5:15pm, staff A spoon fed client #2 his medication with a plastic spoon. At no time did Staff A offer client #2 his adaptive spoon.</p> <p>During an interview on 8/13/24, Staff A stated client #2's adaptive spoon was in the medication room, but she did not offer it to him. When how come she did not offer it to him, Staff A admitted she should have offered it to him.</p> <p>B. During morning medication administration in the home on 8/14/24 at 6am, Staff B spoon fed client #2 his medication with a plastic spoon.</p> <p>During an interview on 8/14/24, Staff B stated she did not use client #2's adaptive spoon because it does not fit inside of a medication cup.</p> <p>Review on 8/13/24 of client #2's IPP dated 5/31/24 stated, "He feeds himself RH (right handed) using large, handled spoon..." Further review revealed, "Adaptive equipment to promote independent eating.</p> <p>During an interview on 8/14/24, the Qualified Intellectual Disabilities Professional (QIDP) stated staff should be using client #2's adaptive spoon during medication administration.</p>	W 249			
W 441	EVACUATION DRILLS	W 441			

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W 441	Continued From page 3 CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 8/13/24 of the facility's fire drills revealed there three fire drills conducted at 6pm and six conducted at 5pm for fire drills held during second shift. During an interview on 8/14/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed fire drills held during second shift were not held at varied times.	W 441			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 3 audit clients (#4). The findings are: During dinner observations in the home on 8/14/24, Staff C gave client #4 two peach slices. Further observations revealed Staff C cutting up	W 460			

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W 460	<p>Continued From page 4</p> <p>the peaches into fours using a spoon. At 6:25pm, client began eating the peach slices.</p> <p>Review on 8/14/24 of client #4's Individual Program Plan (IPP) dated 5/31/24 stated he is on a ground/soft diet.</p> <p>Review on 8/13/24 of the facility's diet list dated 5/2024 revealed client #4's food consistency is ground/soft.</p> <p>Review on 8/13/24 of client #4's Nutrition Evaluation dated 10/9/23 revealed his diet is ground/soft.</p> <p>Review on 8/14/24 of client #4's physician orders signed 6/21/24 stated his diet consistency is ground/soft.</p> <p>During an interview on 8/14/24, Staff C stated she gave the two peach slices to client #4 because he wanted them. Staff C stated she was aware client #4 is on a ground/soft diet consistency.</p> <p>During breakfast observations in the home on 8/15/24 at 6:35am, Staff D assisted client #4 with putting dry ground toast on a plate and dry cereal in his bowl. Also at 6:35am, milk was added to the bowl of cereal. At 6:37am, jelly was put on the plate with the toast. Further observations revealed the jelly was in a ball on the plate with a few pieces of the dry toast stuck to it. At 6:41am. client #4 began eating the cereal and the toast. Client #4 scooped up the ball of jelly with the few pieces of toast to it and ate it.</p> <p>During an interview on 8/14/24, Staff D stated she added a teaspoon of applesauce to the toast and then another teaspoon to the cereal when she</p>	W 460			

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W 460	Continued From page 5 added it to the food processor. Staff D stated the dietitian is the one who told her to add the teaspoon of applesauce to client #4's toast and cereal and then wait 5 - 10 minutes for the food to be soft. During an interview on 8/14/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's diet consistency is ground/soft.	W 460			